ART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450



JUN 0 8 2006 00)

Authorized Signature ____
Typed or printed name

Alexandria, Vir or <u>Fax</u> (571)-273-2885

INSTRUCTIONS: The form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where approaches a correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated a corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications. Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) 42754 7590 03/06/2006 Certificate of Mailing or Transmission NIELDS & LEMACK I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. 176 EAST MAIN STREET, SUITE 7 WESTBORO, MA 01581 06/09/2006 DEMMANU2 00000006 10661332 (Depositor's name) Lemack 01 FC:1501 1400.00 OP (Signature 300.00 OP 02 FC:1504 2006 (Date) June 6 03 FC:8001 30.00 OP APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. 10/661,332 09/12/2003 Masayuki Momiuchi 463P107 8047 TITLE OF INVENTION: SEMICONDUCTOR LASER DEVICE APPLN. TYPE SMALL ENTITY **ISSUE FEE PUBLICATION FEE** TOTAL FEE(S) DUE DATE DUE nonprovisional NO \$1400 \$300 \$1700 06/06/2006 **EXAMINER ART UNIT** CLASS-SUBCLASS VAN ROY, TOD THOMAS 2828 372-075000 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list Nields & Lemack (1) the names of up to 3 registered patent attorneys ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. or agents OR, alternatively, (2) the name of a single firm (having as a member a ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Kabushiki Kaisha TOPCON Tokyo-to, Japan Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🗶 Corporation or other private group entity 🚨 Government 4a. The following fee(s) are enclosed: 4b. Payment of Fee(s): 🞾 Issue Fee A check in the amount of the fee(s) is enclosed. Publication Fee (No small entity discount permitted) ☐ Payment by credit card. Form PTO-2038 is attached. ☑ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 14-0930 (enclose an extra copy of this form). Advance Order - # of Copies 10 5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

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June 6. 2006

Registration No. 32,579

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<u>Kevin S. Lemack</u>



BOX ISSUE FEE

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of

Group Art Unit: 2828

Masayuki Momiuchi

Examiner: Van Roy, Tod Thomas

Serial No.: 10/661,332

Filed: September 12, 2003

Allowance Date: 3/6/2006

Case No: 463P107

Confirmation No: 8047

Customer No: 42754

For: **SEM**

SEMICONDUCTOR LASER DEVICE

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Alexandria, VA 22313-1450

Sir:

LETTER OF TRANSMITTAL

Please accept the attached Issue Fee Transmittal sheet PTOL-85B and a check in the amount of \$1730.00 in payment of the issue fee, publication fee and the advanced order fee for the above application.

Authorization is given to charge any deficiencies or credit any overpayment to Deposit Account No. 14-0930.

Please notify Applicant's attorney if any problems should arise.

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on June 6, 2006

Respectfully submitted,

Signature: Kevin S. Lemack
Date: __June 6, 2006

Kevin S. Lemack Attorney for Applicants Regtration No. 32,579 Nields & Lemack 176 E. Main Street Westboro, MA 01581 TEL: (508) 898-1818

PTO/SB/17 (01-06)

Approved for use through 07/31/2006. OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

> Complete if Known 10/661,332

September 12, 2003

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pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).	
	Application Number
FEE TRANSMITTAL	Filing Date

For FY 2006			First Named Inventor	Masayuki Momiuchi	
		Examiner Name	Van Roy, Tod Thomas		
Applicant claims small entity s	tatus. S	ee 37 CFR 1.27	Art Unit	2828	
TOTAL AMOUNT OF PAYMENT	(\$)	1,730.00	Attorney Docket No.	463P107	

TOTAL AWOUNT OF PATH	<i>π</i> ΕΙ Ν Τ (Ψ)	1,730.00		Attorney Docket	1403	7107	
METHOD OF PAYMENT	METHOD OF PAYMENT (check all that apply)						
METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number: 14-0930 Deposit Account Name: Nields & Lemack For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.							
FEE CALCULATION (A	ll the fees b	elow are due up	on filir	ng or may be s	subject to	a surcharge.)	
1. BASIC FILING, SEAR	FILING F <u>Sr</u>	EES S	SEARC	H FEES Small Entity		TION FEES	Fees Pald (\$)
Application Type	Fee (\$) 300		Fee (\$) 500	<u>Fee (\$)</u> 250	<u>Fee (\$)</u> 200	<u>Fee (\$)</u> 100	rees raid (4)
Utility Design	200		100	230 50	130	65	
Plant	200		300	150	160	80	
Reissue	300		500	250	600	300 .	
Provisional	200	100	0	0	000	0	
2. EXCESS CLAIM FEES Fee Description Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) Multiple dependent claims Total Claims Extra Claims Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20. Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) Fee Paid (\$) Fee Paid (\$) Fee Paid (\$) Fee Paid (\$) Fee Paid (\$) Fee Paid (\$) Fee Paid (\$) Fee Paid (\$) Fee Paid (\$) Fee Paid (\$) Fee Paid (\$) Fee Paid (\$) Fee Paid (\$) Fee Paid (\$) Total Claims Fee (\$) Fee Paid (\$) Fee Paid (\$) Fee Paid (\$) Fee Paid (\$) Fee Paid (\$) Fee Paid (\$) Fee Paid (\$) Fee Paid (\$) Fee Paid (\$) Fee Paid (\$) Fee Paid (\$) Fee Paid (\$) Fee Paid (\$) Fee Paid (\$) Fee Paid (\$) Fee Paid (\$) Fee Paid (\$) Fee Paid (\$) Fee Paid (\$) Fee Paid (\$)							
sheets or fraction the Total Sheets - 100 = 4. OTHER FEE(S) Non-English Specific Other (e.g., late filing	eation, \$13	/ 50 = 30 fee (no small e	entity di	(round up to a wiscount)	hole numbe	ereof Fee (Fees Paid (\$) Fees Paid (\$) \$1730.00

SUBMITTED BY			
Signature	ME	Registration No. (Attorney/Agent) 32,579	Telephone 508-898-1818
Name (Print/Type)			Date June 6, 2006

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